

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P92000012596**

1. Corporation Name

**BIOFILTRATION SYSTEMS, INC.**

Principal Place of Business

Mailing Address

~~1800 SECOND STREET~~  
~~STE. 808-13~~  
~~SARASOTA FL 34236~~

1800 SECOND STREET  
 STE. 808-13  
 SARASOTA FL 34236

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2341 Porter Lake Dr

2341 Porter Lake Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota Suite 109

Suite #109

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34240 USA

34240 USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	KEYSER, ALPHA J	525 SUTTON PLACE	LONGBOAT KEY FL 34228
ST	HUNTER-KEYSER, VICTORIA	525 SUTTON PLACE	LONGBOAT KEY FL 34228
D	CANNON, THOMAS G	1800 SECOND ST., #808-13	SARASOTA FL 34236
		2341 Porter Lake Dr #109	34240

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEYSER, ALPHA J  
 1800 SECOND STREET  
 STE. 808-13  
 SARASOTA FL 34236

Name

Alpha J Keyser

Street Address (P.O. Box Number is Not Acceptable)

525 Sutton Place

Suite, Apt. #, Etc.

City

Longboat Key

State

Zip Code

FL

34228

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

12/30/98

11. This corporation ~~owns or~~ has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alpha J Keyser

12/31/98 941-343-9300  
 Date Daytime Phone #

APPROVED  
 AND  
 FILED

99 JAN -6 PM 4:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

300002730643

01/05/99-01063-014

\*\*\*\*308.75 \*\*\*\*308.75



**REINSTATEMENT**

98-99

CR2E140 (8/98)